



Value-Based Reimbursement (VBR) Utah Implementation Update

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Your Extended Family

Background and Market Dynamic

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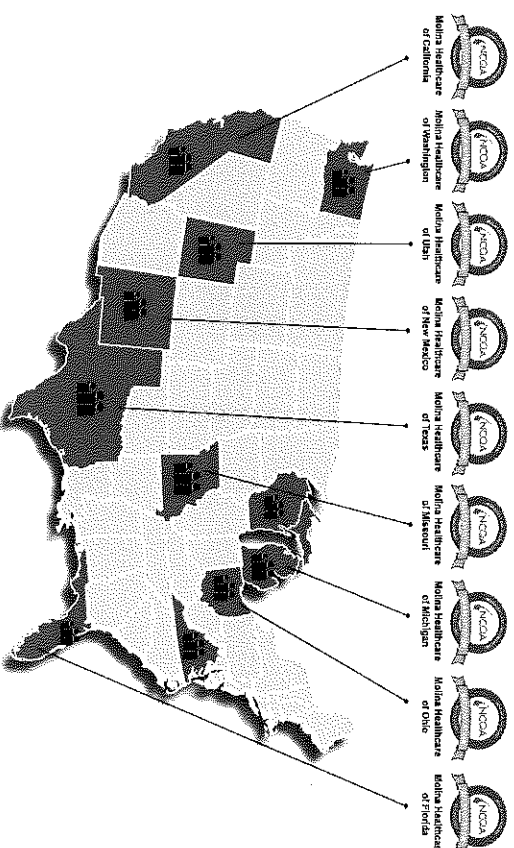
- **Introduction (My Background)**
 - Coventry Healthcare, Humana Inc., University of Utah Health Plans and Molina Healthcare
 - Focus on Value Based Contracting
 - PPO & HMO Markets
- **Utah's Market Dynamic**
 - PPO Driven (Non-gatekeeper)
 - Bad News: Difficult for PCP to manage members
 - Good News: Big push for VBR (Politics/Large Systems on Board)
 - Healthcare Reform leading the way

Quality and Value

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Molina's Market Position

- One of the largest Medicaid carriers nationally
- Nationally Developed VBR Programs
- Developing MMG Clinics (PCP Access) West Valley & Provo
- Only Medicaid ACO not tied specifically to a local delivery system
 - Focusing on unique partnerships with each system
- Only Medicaid focused MCO where all eligible plans are NCQA accredited



Wisconsin – eligible 2013

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Examples of Molina's VBR Programs

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VBR Payment Models

- 1) Primary Care Medical Home Level 1, 2, 3 Accreditation Program
 - *Molina's Medical Home Program: EMR, Patient Tracking, E-Prescribing, Access, Performance Reporting*
- 2) Care Coordination Payments
- 3) Quality Improvement Plan Program
 - *HEDIS Measures (Improvements / Hitting Specific Percentiles)*
 - *CAHPS Percentile Ratings*
- 4) Medical Cost Ratio Bonuses

Steps to Develop VBR

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Steps to Implement Value Based Payment

1. **Develop VBP Programs**
 - Completed 1st Utah VBR agreement in 2011 covering 3,500 + Lives
 - Tweaking program for success
2. **Develop PCP Attribution Model**
 - Group Data by “Pay to”
 - Monitor # of Members tied to “Pay to” groups
3. **Build Community Partnerships**
4. **Further ACO Development**
5. **Produce Savings**